Detailed definitions of CIRT data element reporting requirements

#	Data Element	CIRT Template Header	Definition	Format	Valid Values	Mandatory/ Optional/ Conditional
Hospital Facility Number		Three-digit MoHLTC-assigned facility number. *** NOTE: This is not part of the upload file itself. It is associated with the user account when logged in to CIRT.**				
Master Institution Number		Four-digit MoHLTC-assigned Master Institution Number. * **NOTE: This is not part of the upload file itself. The CIRT user selects the relevant Site when uploading files in CIRT.**				
1	Chart number	PatientChartNumber	The patient identifier code that is unique within the healthcare facility.	CHAR 10 Alphanumeric	Consistent with CIHI DAD/NACRS definition & format	Mandatory
2	Health card number	HealthCardNumber	Ontario patient's most recent health insurance number.	NUM 10	Submit a zero (0) for out of province patients and patients who are covered by OHIP but whose health number is not available at time of registration.	Mandatory

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3	Date of receipt of referral	ReferralDate	The date that the referral for colonoscopy was received by the hospital/endoscopist. 1. For **Out-Patients,** submit the date the referral was received by the hospital/endoscopist. 2. For **In-Patients,** submit the date of admission into hospital. Provide a date of receipt of referral for: • A colonoscopy to evaluate symptoms • A colonoscopy following a positive FOBT • A first colonoscopy • A colonoscopy that did not take place when originally booked and was rescheduled (give the original referral date) It is not necessary to provide a date of receipt of referral for a scheduled recall procedure (see #12) For further guidance on when to provide a date of receipt of referral, refer to the CIRT decision tree	YYYYMMDD	Must be equal or earlier than the date of colonoscopy procedure. Null value valid **only** when "yes" indicated for "scheduled recall procedure"	Conditional
4	Date of colonoscopy procedure	ColonoscopyProcedureDate	The date that the colonoscopy was performed.	YYYYMMDD	Must be equal to, or later than, the date of receipt of referral	Mandatory
5	In/out patient flag	InOutPatientFlag	Indication of whether the patient is an inpatient or outpatient at the time of procedure.	CHAR 1	**I** – Inpatient: Patient that has been admitted to hospital and stayed overnight **O** – Outpatient: Patient that has not been admitted to the facility	Mandatory

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6	Indication for colonoscopy	Colonoscopy Indication	Identifies reason most responsible for the procedure. Submit only the main indication from among the following: **Symptomatic (SA)** – A patient with symptoms including changes in bowel habits, bleeding or discomfort or a patient with an abnormal lab test (other than FOBT) including barium enemas, CT scans, or other diagnostic imaging. **Positive FOBT (PF)** – A patient with a positive FOBT test. **First degree Relative (FD)** – A patient with a first degree relative with colorectal cancer. First degree relatives include biological mother, biological father, biological sister, biological brother, biological daughter or biological son, but does *not* include extended family members e.g.: aunt, uncle, grandparents, in-laws etc. **Surveillance (CN)** – A patient who has had a prior colonoscopy in which an adenomatous polyp or colorectal cancer was found, and patients who are undergoing surveillance for long-standing IBD. **Other Screening (OS)** – A patient who has no other indication for the colonoscopy. For example:, a patient having a colonoscopy for average-risk primary screening or because of a family history of colorectal cancer other than first degree. Please note that the indication for a particular patient may change over time. For further guidance on how to report indication for colonoscopy, see the CIRT decision tree.	CHAR 2	**SA** – Patient is symptomatic or has had an abnormal lab test (other than FOBT) **CN** – Patient has had a prior colonoscopy in which an adenomatous polyp or colorectal cancer was found. **FD** – Patient was referred because a first-degree relative had colorectal cancer **PF** – Patient was referred after a positive FOBT **OS** – Other screening	Mandatory
7	Cecal intubation	CecalIntubation	Complete insertion of the colonoscope to the cecum.		**Y** – Yes **N** – No **X** – Not applicable (cecum previously resected)	Mandatory

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8	Bowel preparation	BowelPreparation	Adequacy of bowel preparation	CHAR 1	**G** – Good (mucosa seen throughout) **F** – Fair (liquid contents; exam adequate) **P** – Poor (solid contents; exam compromised)	Mandatory
9	Large bowel perforation	LargeBowelPerforation	Indication of whether or not there was a perforation of the large bowel during and at the time of procedure.	CHAR 1	**Y** – Yes **N** – No	Mandatory
10	Patient date of birth	PatientDOB	Patient's date of birth from the hospital chart or health information system.	YYYYMMDD		Mandatory
11	CPSO registration number	CPSO	The College of Physician and Surgeon's of Ontario (CPSO) registration number of the endoscopist conducting the procedure.	CHAR 6		Mandatory

#	Data Element	CIRT Template Header	Definition	Format	Valid Values	Mandatory/ Optional/ Conditional
12	Scheduled recall procedure	Specified Date Procedures	Indicates that the colonoscopy was planned by the hospital and/or endoscopist at the time of the previous colonoscopy as part of an ongoing screening or surveillance cycle. Indicate "Yes" for: • A colonoscopy for patients who have had a prior colonoscopy in which an adenomatous polyp or colorectal cancer was found, or patients undergoing surveillance for long-standing IBD • Second or subsequent colonoscopy for patients who have one or more first-degree relatives with colorectal cancer, provided no adenomatous polyp or colorectal cancer was found on the first colonoscopy and they currently have no symptoms • Second or subsequent colonoscopy for patients who had a positive FOBT but no adenomatous polyp or colorectal cancer were found on the first colonoscopy, and no further FOBTs have been performed • Second or subsequent colonoscopy for patients who have no other indication for the colonoscopy, Indicate "No", and provide a date of receipt of referral (#3) for: • A colonoscopy to evaluate symptoms • A first colonoscopy • A colonoscopy that did not take place when originally booked and was rescheduled ▪ For further guidance on deciding what is a scheduled recall procedure, see CIRT decision tree	CHAR 1	**Y** – Yes **N** – No	Mandatory

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13	Gross findings	GrossFindings	Indicates the preliminary gross findings (ie before receipt of pathology report, in cases where tissue is obtained) from the colonoscopy: • **Normal** - Normal colonoscopy findings, i.e. "negative colonoscopy", including diverticular disease and hemorrhoids. • **Indeterminate** - Unable to determine whether the colonoscopy findings were normal or abnormal (e.g. because of incomplete procedure, inadequate bowel prep, etc.) • **Abnormal** - Something was found; choose all that apply from 14 to 16 **Note:** If 13 is answered "**A**" then at least one "**Y**" must be present in 14 through 16. If 13 is answered "**N**" or "**I**" then all values must be blank for 14 through 16. If data submitted does not comply with specifications (i.e. data values are other than specified), the file will be rejected	CHAR 1	**N** – Normal **A** – Abnormal **I** – Indeterminate	Mandatory
14	1 or more polyp(s) found	OneOrMorePolyps	One or more polyps was found	CHAR 1	**Y** –Yes Blank	Conditional
15	Mass/suspected cancer found	MassOrSuspectedCancer	A mass or suspected cancer was found	CHAR 1	**Y** –Yes Blank	Conditional
16	Other abnormal findings	OtherAbnormal	Something other than a polyp, mass, or suspected cancer was found, including gross appearance/features consistent with colitis.	CHAR 1	**Y** - Yes Blank	Conditional

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17	Any diagnostic / therapeutic procedure(s) performed	DiagnosticTherapeuticProcedure	Indicates whether any diagnostic or therapeutic procedures were performed during the colonoscopy **Note:** If 17 is answered "**Y**" then at least one "**Y**" must be present in 18 through 23. If 17 is answered "**N**" then all values must be blank for 18 through 23. If data submitted does not comply with specifications (i.e. data values are other than specified), the file will be rejected	CHAR 1	**Y** –Yes **N** – No	Mandatory
18	Cold Biopsy Performed	ColdBiopsy	Removal of colorectal tissue using cold biopsy forceps	CHAR 1	**Y** –Yes Blank	Conditional
19	Hot Biopsy Performed	HotBiopsy	Removal of colorectal tissue using hot biopsy forceps	CHAR 1	**Y** –Yes Blank	Conditional
20	Cold Snare Polypectomy Performed	ColdSnarePolypectomy	Removal of colorectal tissue using a cold snare	CHAR 1	**Y** –Yes Blank	Conditional
21	Hot Snare Polypectomy Performed	HotSnarePolypectomy	Removal of colorectal tissue using a hot snare	CHAR 1	**Y** –Yes Blank	Conditional
22	Piecemeal Resection Performed	PiecemealResection	Removal of colorectal tissue in pieces (i.e. using a hot snare)	CHAR 1	**Y** –Yes Blank	Conditional
23	Other Procedure Performed	OtherProcedure	E.g., clipping, injection, stent placement	CHAR 1	**Y** –Yes Blank	Conditional